

IN THE UNITED STATES DISTRICT COURT FOR  
THE MIDDLE DISTRICT OF ALABAMA

JENERRAL REED AMBROSE, )  
Plaintiff, )  
vs. ) Civil Action No.: 2:06-CV-929-MHT  
RUSSELL THOMAS, )  
OLIVIA PEARSON, )  
DOUG WHEELER, )  
Defendants. )

**AFFIDAVIT OF OLIVIA PEARSON**

Before me, the undersigned, personally appeared **OLIVIA PEARSON**, who being duly sworn, gives testimony as follows:

1. My name is Olivia Pearson and I am the Jail Administrator with the Pike County Sheriff's Department. I am a named defendant in the above-styled lawsuit.
2. I have reviewed the "Special Report of Plaintiff" filed with the Court and wish to respond to plaintiff Ambrose's allegations contained therein.
3. There are no documents that reflect a response to Ambrose's medical needs because Ambrose never reported verbally or in writing to anyone that he was requesting or needed medical attention.
4. The reverse side of the admission record (Exhibit 1) shows the plaintiff's past medical problems and indicates very few complaints, prior complaints or other pertinent medical history to support his allegations in this case. The form was completed and signed by him.

5. Ambrose is absolutely giving false statements about the lack of medical care in this case. Our medical provider is Dr. Mickey Dichiara and Edge Regional Medical Center. Whenever an inmate is in need of medical care, an appointment is made or, if it is an emergency, he is taken to Edge Regional Medical Center for appropriate care.

6. The Affidavit of witness Robert M. Young has no credibility. Young was arrested by the Troy Police Department on February 8, 2007, and later transported to the Pike County Jail on February 9, 2007. Young has a very extensive criminal record dating back over 20 years. I am aware that he has charges in several counties. Young has a very bad reputation of causing trouble in county jails and of filing frivolous complaints. Like plaintiff Ambrose, Young also had no complaints while he was incarcerated at the Pike County Jail.

7. Our jailers make checks on the inmates each and every day and make sure inmates' needs are met. Meals are served three times per day. Inmates' medical needs are attended to.

8. Ambrose's complaints in this case are totally without merit. He has not produced any medical evidence to support the allegation that he had an ear infection. Certainly, those records should have been available to him if he was treated while in the custody of the Department of Corrections. If he does not have medical records, then no such problem existed or the problem was so insignificant that it did not require attention and certainly did not cause him injury. Otherwise, Ambrose's allegations are nothing more than general grievances of a convicted prisoner who has nothing more to do than to file unfounded complaints in Court.

The above information is true and correct to the best of my knowledge and belief.

DATED this 1<sup>st</sup> of May, 2007.



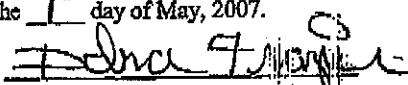
OLIVIA PEARSON

STATE OF ALABAMA )

COUNTY OF PIKE )

BEFORE ME, the undersigned Notary Public, did personally appear OLIVIA PEARSON, who states to me that she is aware of the contents of the foregoing Affidavit, and that she did execute it voluntarily.

SWORN TO and SUBSCRIBED before me on this, the 1<sup>st</sup> day of May, 2007.

  
NOTARY PUBLIC

My Commission Expires:



IN THE UNITED STATES DISTRICT COURT FOR  
THE MIDDLE DISTRICT OF ALABAMA

JENERRAL REED AMBROSE )  
vs. Plaintiff, )  
RUSSELL THOMAS, ) Civil Action No.: 2:06-CV-929-MHT  
OLIVIA PEARSON, )  
DOUG WHEELER, )  
Defendants. )

**DEFENDANTS' REPLY TO PLAINTIFF'S SPECIAL REPORT**

COME NOW the defendants in the above-styled cause, by and through their undersigned counsel of record, and file this Reply to Plaintiff's Special Report by submitting the affidavit of Olivia Pearson and Exhibits 3 and 4. This Reply will supplement the Defendants' Written Report previously filed in this matter.

1. The Affidavit of Olivia Pearson addresses allegations raised by the plaintiff in his Special Report and emphatically denies that the plaintiff Ambrose was ever denied medical attention.

2. Exhibit 3 is the first shift of the jail log from September 25, 2006, which the plaintiff claims to be missing. All jail logs have been reviewed by Olivia Pearson and there are no jail logs which contain any information regarding a medical claim or medical complaint by the plaintiff.

3. Exhibit 4 is a recent jail inspection report of the Pike County Jail, dated April 3, 2007, as inspected by the Department of Corrections for the State of Alabama. This exhibit contains information which would rebut the allegations of both the plaintiff

and of the plaintiff's witness, Robert M. Young, III, as it relates to the conditions of the Pike County Jail.

4. The plaintiff's Special Report to the Court contains no evidence, medical documents or otherwise, tending to support his allegation of a medical condition which required medical care or that the medical care was not appropriately provided to him. The burden is on the plaintiff in this case to prove that the defendants were deliberately indifferent to his medical needs and the plaintiff has not met that burden. Otherwise, the plaintiff's Special Report contains nothing more than general grievances, some of which do not even relate to the allegations contained in the plaintiff's Complaint.

Respectfully submitted this the 2<sup>nd</sup> day of May, 2007.

s/N. Gunter Guy, Jr.  
**N. GUNTER GUY, JR. (GUY004)**  
BALL, BALL, MATTHEWS & NOVAK  
Post Office Box 2148  
Montgomery, AL 36102  
(334) 387-7680  
(334) 387-3222 Fax  
gguy@ball-ball.com

**CERTIFICATE OF SERVICE**

I hereby certify that on the 2<sup>nd</sup> day of May, 2007, I electronically filed the foregoing with the Clerk of the Court using the CM/ECF system, and I hereby certify that I have mailed by United States Postal Service the document to the following non-CM/ECF participants:

**Jenerral Ambrose  
Montgomery Pre-Release  
Post Office Box 75  
Montgomery, AL 36057-0075**

s/N. Gunter Guy, Jr.  
**N. GUNTER GUY, JR. (GUY004)**  
BALL, BALL, MATTHEWS & NOVAK  
Post Office Box 2148  
Montgomery, AL 36102  
(334) 387-7680  
(334) 387-3222 Fax  
gguy@ball-ball.com

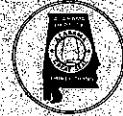


N911  
DOC form 914  
Rev. 2/94

## STATE OF ALABAMA



DEPARTMENT OF CORRECTIONS  
Engineering Administrative Division  
2265 Marion Spillway Road  
Elmore, Alabama 36025  
(205) 567-1556



### JAIL INSPECTION REPORT

Sheriff/Chief of Police Russell Thomas

City Troy

County Pike

Phone No. \_\_\_\_\_

Jail Pike County

Date 4-3-2001

Time 10:10 AM

Inspector Sidney Roden

This is to report conditions of your jail as of this date of inspection. Please carefully note and make needed corrections. These adjustments are necessary to bring your facility into compliance with the standards set forth in Title 14, Code of Alabama, 1975.

—CHECK MARK indicates most accurate description—

#### WHAT GOVERNING BODY HAS SUPERVISORY POWER?

City Council \_\_\_\_\_ County Commission \_\_\_\_\_

#### POPULATION:

STATE 97677  
W/M \_\_\_\_\_ B/M \_\_\_\_\_ W/F \_\_\_\_\_ B/F \_\_\_\_\_ TOTAL \_\_\_\_\_

COUNTY 97677  
W/M \_\_\_\_\_ B/M \_\_\_\_\_ W/F \_\_\_\_\_ B/F \_\_\_\_\_ TOTAL \_\_\_\_\_

CITY 97677  
W/M \_\_\_\_\_ B/M \_\_\_\_\_ W/F \_\_\_\_\_ B/F \_\_\_\_\_ TOTAL \_\_\_\_\_

FEDERAL 97677  
W/M \_\_\_\_\_ B/M \_\_\_\_\_ W/F \_\_\_\_\_ B/F \_\_\_\_\_ TOTAL \_\_\_\_\_

JUVENILES 97677  
W/M \_\_\_\_\_ B/M \_\_\_\_\_ W/F \_\_\_\_\_ B/F \_\_\_\_\_ TOTAL \_\_\_\_\_

GRAND TOTAL 97677

#### JAIL CAPACITY:

MALE 50 FEMALE 3 JUVENILE 0 TOTAL 53

- Are Female Prisoners housed separately? YES  NO  NONE
- Are separate quarters available for Juveniles? YES  NO  NONE
- Number of state inmates ON WAIVER \_\_\_\_\_

#### JAIL EMPLOYEES:

- Number of Jailers \_\_\_\_\_
- Number of Matrons \_\_\_\_\_
- Other Employees Disparce/Kitchie 2
- Are Jailers POST Certified? YES  NO

#### BUILDING:

##### GENERAL APPEARANCE:

- Exterior \_\_\_\_\_ Poor  Fair  Good  None
- Interior \_\_\_\_\_ Poor  Fair  Good  None
- Fence \_\_\_\_\_ Poor  Fair  Good  None
- Yard \_\_\_\_\_ Poor  Fair  Good  None
- Type of Construction: Brick  Cement  Wood  Other
- Year Constructed: 1957

- Types of Locking Devices: Manual  Electric

- Condition of Locking Devices: Poor  Fair  Good  None

##### Observation:

- Windows: Poor  Fair  Good  None
- Screens: Poor  Fair  Good  None
- Gills: Poor  Fair  Good  None
- Cells: Poor  Fair  Good  None

#### SAFETY FEATURES:

- Emergency Exits: Poor  Fair  Good  None
- Fire Apparatus: Poor  Fair  Good  None
- Stairways: Poor  Fair  Good  None
- Elevators: Poor  Fair  Good  None

#### 5. Is there an EMERGENCY

• (fire) EVACUATION plan POSTED? YES  NO

• Are Fire and Safety precautions observed? YES  NO   
If NOT, explain in Comments section:

#### TRAINING:

• IN-SERVICE: YES  NO   
Other: \_\_\_\_\_

ARE OPERATING PROCEDURES WRITTEN? YES  NO

IS THERE A PRINTED MANUAL? YES  NO

#### JAIL RECORDS:

1. Arrest Record YES  NO

2. Are personal property and cash received? YES  NO

3. Visits YES  NO

4. Medical YES  NO

5. Commitment and Discharges YES  NO

• Are Jail Records Adequate? YES  NO

• Are Prisoners Fingerprinted? YES  NO

• Are Prisoners Photographed? YES  NO

#### SECURITY:

1. Is the jail reasonably secure? YES  NO

2. Are periodic inspections made of security facilities? YES  NO

3. Are firearms stored safely? YES  NO

Where are they stored? LOCK BOXES

4. Are there regulations prohibiting carrying of firearms into the jail? YES  NO

#### KEY CONTROL:

Are Keys ever in possession of inmates? YES  NO

Are keys properly stored and accounted for? YES  NO

6. How often are prisoners quarters visited? CCTV

• Daily YES  NO

7. Is Jailer on duty 24 hours daily? YES  NO

8. Are CHECKS conducted at night? YES  NO

• Are CHECKS logged? YES  NO

9. Are complete SHAKEDOWNS accomplished? YES  NO

10. Are periodic COUNTS conducted? YES  NO

11. Are CONTRABAND CONTROL procedures in effect? .....	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	2. Are adequate TOOLS and CLEANING MATERIALS available? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
12. INMATE VISITS:		
When are visits allowed?	Daily <input type="checkbox"/> Semi-Weekly <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Other <input type="checkbox"/>	3. What type of BEDDING is provided? Sheets <input checked="" type="checkbox"/> Blankets <input type="checkbox"/> Mattress Cover <input type="checkbox"/> Pillow <input type="checkbox"/> Pillow Case <input type="checkbox"/>
Who is allowed to visit inmates?	Relatives <input checked="" type="checkbox"/> Friends <input type="checkbox"/> Clergy <input type="checkbox"/>	HOW OFTEN IS BEDDING LAUNDERED? Semi-Weekly <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Other <input type="checkbox"/>
Are CONTACT VISITS allowed? .....	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	4. Are excessive FOOD or unnecessary ITEMS in CELLS? .... YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
13. INMATE MAIL:		
Are INCOMING MAIL and packages INSPECTED? .....	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	5. Is DRINKING WATER available at all times? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
14. Do new prisoners receive Instructions about JAIL RULES? ... YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	6. Are HOT and COLD WATER available for bathing? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Are these instructions: VERBAL <input type="checkbox"/> WRITTEN <input checked="" type="checkbox"/>	7. Are HEATING and VENTILATION adequate? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
15. TRUSTIES:		
Are TRUSTIES used? .....	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	8. Is LIGHTING adequate? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Who selects the TRUSTIES?	Sheriff/Chief <input type="checkbox"/> Jailer <input checked="" type="checkbox"/> Other <input type="checkbox"/>	9. Condition of PAINT? Interior <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> Exterior <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input checked="" type="checkbox"/>
16. Are inmates in UNIFORM? .....	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	10. Are BATHING FACILITIES available to all inmates? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Coveralls <input type="checkbox"/> Pants & Shirts <input checked="" type="checkbox"/>	Are uniforms MARKED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	11. Are SOAP and TOWELS available? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
DISCIPLINARY PROCEDURES:		
1. Does the jail hold DISCIPLINARY HEARINGS? .... YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	12. HOW OFTEN are inmates REQUIRED TO BATHE? Daily <input type="checkbox"/> Semi-Weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Other <input type="checkbox"/>	13. CONDITION OF PLUMBING Are there LEAKING PIPES In the Jail? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
2. Who exercises disciplinary authority? Sheriff/Chief <input type="checkbox"/> Jailer <input checked="" type="checkbox"/> Other <input type="checkbox"/>	14. Does the jail have a PEST CONTROL program? How often treated? MORTIN <input type="checkbox"/> WEEK <input checked="" type="checkbox"/> By Whom? <input type="checkbox"/>	COMMODES <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> LAVATORIES <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> SHOWERS <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input checked="" type="checkbox"/>
FOOD SERVICES:		
General Condition:		
Kitchen <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input checked="" type="checkbox"/>	1. Is the cook paid? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	1. Name of PHYSICIAN? DICKMAN
Tables <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input checked="" type="checkbox"/>	2. Who supervises the Kitchen? Cook <input type="checkbox"/>	2. How often do physicians visit the jail/facility? Daily <input type="checkbox"/> Weekly <input type="checkbox"/> On-Call <input type="checkbox"/> Other (specify) _____
Shelves <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input checked="" type="checkbox"/>	3. Who plans the Menu? Cook <input type="checkbox"/>	3. What HOSPITAL facilities are used for inmates? EDGECOURT
Screens <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input checked="" type="checkbox"/>	4. Do inmates assist in food preparation? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	4. Is the Venereal Disease Act enforced? (Title 22, Chapter 16 72) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
1. Is the cook paid? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	5. What type of eating utensils are used? Plastic <input checked="" type="checkbox"/> Paper <input type="checkbox"/> Metal <input type="checkbox"/> Other <input type="checkbox"/>	INMATE PROGRAMS:
2. Who supervises the Kitchen? Cook <input type="checkbox"/>	Are the utensils washed? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	1. Are Counselling Services available? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
3. Who plans the Menu? Cook <input type="checkbox"/>	How Washed? HAND <input type="checkbox"/> SANITIZER <input checked="" type="checkbox"/>	2. Recreation Facilities: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
4. Do inmates assist in food preparation? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	6. Are the standards of sanitation adequate? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Types Provided: _____
5. What type of eating utensils are used? Plastic <input checked="" type="checkbox"/> Paper <input type="checkbox"/> Metal <input type="checkbox"/> Other <input type="checkbox"/>	7. Is copy of menu available on the date of inspection? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	3. Educational Opportunity: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Types Offered: _____
Are the utensils washed? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	8. Do paid employees supervise the serving of meals? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	COMPLAINTS:
How Washed? HAND <input type="checkbox"/> SANITIZER <input checked="" type="checkbox"/>	9. Is the diet adequate? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	1. Are there Usable complaints? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2. Is jail involved in litigation? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, type: PENITENTIARY
6. Are the standards of sanitation adequate? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	10. Number of meals served per day? 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/>	3. Is the jail or Facility Radically Integrated? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
7. Is copy of menu available on the date of inspection? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	11. Food Preparation: POOR <input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> Quality <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> Dishinity <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input checked="" type="checkbox"/>	4. Is there a Current Grand Jury Report on the jail? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
8. Do paid employees supervise the serving of meals? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	12. Storage of Food: POOR <input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> Refrigeration <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input checked="" type="checkbox"/>	
9. Is the diet adequate? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13. Are Commissary (or store) purchases available to inmates? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
10. Number of meals served per day? 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/>	11. SANITATION AND PERSONAL HYGIENE: 1. Is there a systematic CLEANING PROGRAM in effect? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

Page 1 of 1

**PIKE COUNTY SHERIFF'S DEPARTMENT**  
Telephone Messages/Medication for Prisoner/Prisoner Check

Page No. \_\_\_\_\_

Date 9-25-04  
Shift 1st 630A M. to 230pm

O, Pearson, S. D. nile Station KEG-891

JAILER ON DUTY